

0000170548 4/5/12

State of New Mexico
 Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD
 AsOfDate 05/25/2012
 Voucher Vchr VchrLineDescr Distr Account Account Fund VendorName 1099 Accounting Period PurchaseOrder Invoice Number Total Amount
 Number Line Line# Description Year Month

00295969	1	I/S Meals & Lodging	1	542200	Employee I/S Meals & L.	06101	ADAMS RICH-001	2012	05	0000088229	Adams, R. 5.17-5	165.00
Total For Voucher												165.00

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500

Invoice Number: Adams, R. 5.17-5.18

Voucher ID: 00295969

Invoice Date: 05/22/2012

Voucher Style: Regular

Total: 165.00

Vendor: ADAMS, RICHARD B

*Pay Terms: Pay Now ☒ Schedule Payments

RUIDOSO PUBLIC HEALTH OFFICE
RUIDOSO, NM 88345

Payment Information

Scheduled Payment: 1

*Remit to: 0000097303 

Location: 001 

*Address: 1 

ADAMS, RICHARD B
RUIDOSO PUBLIC HEALTH OFFICE
103 KANSAS CITY RD
RUIDOSO, NM 88345

Gross Amount: 165.00 USD

Discount: 0.00 USD ☐ Discount Denied

Late Charge

Scheduled Due: 05/22/2012 

Net Due: 05/22/2012

Discount Due:

Accounting Date:

Payment Method

*Bank: WFB10

*Account: B

Pay Group:

*Handling: RE














*Method: ACH ACH

*Netting: N 

Message:

Message will appear on remittance advice.

Messages

Summary	Invoice Information	Payments	Voucher Attributes	Error Summary
Business Unit: 66500		Invoice Number: Adams, R. 5.17-5.18		
Voucher ID: 00295969		Invoice Date: 05/22/2012		
Voucher Style: Regular		Total: 165.00		
Voucher Processing				
<input checked="" type="checkbox"/> Post Voucher <input type="checkbox"/> Close Voucher				
<input checked="" type="checkbox"/> Revalue Voucher <input type="checkbox"/> Delete Voucher				
Accounting Instructions				
*Accounting Template: STANDARD  Account At: Gross 				
Match Action				
*Status: Ready 				
<input type="checkbox"/> Pay UnMatched Voucher				
Transaction Currency				
*Source: Tables  *Currency: USD  Rate Type: CRRNT  Exchange Rate: 1.00000000				
Voucher Approval				
*Approval: Specify at this Level  Business Process: PROCESS_VOUCHERS 				
Approval Rule Set: Payment Approval Rule Set 1 				
Self Billing Invoice				
*SBI Num Option: Group Vouchers (Auto-Nur  SBI Number: 				
Prepayment				
Prepayment Reference:  <input type="checkbox"/> Automatically Apply Prepayment <input type="checkbox"/> Postpone Withholding				
Letter of Credit				
Letter of Credit ID: 				
Tax Group				

AGENCY New Mexico Department of Health
NAME

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE 2

DATE 5/17/12

AGENCY
CODE 66500

VOUCHER
NUMBER

00295969

NAME Richard Adams

CAR LICENSE NUMBER GS1984

POST OF DUTY
Ruidoso

PROPOSED
(ADVANCE VOUCHER) ☐

SOCIAL SECURITY NUMBER 97303

MODEL Nissan

RESIDENCE

NORMAL WORK DAY 8am TO 5pm

YEAR 2011

Ruidoso

ACTUAL
(RECOUPMENT VOUCHER) ☒

TIME SHOW AM OR PM

CHARACTER OF EXPENDITURES

ODOMETER READINGS

AMOUNTS

DEPARTURE

ARRIVAL

ENTER DESTINATION, NATURE OF OFFICIAL
BUSINESS, PARTY CONTACTED AND MISCELLANEOUS

ENTER START
AND FINISH

NO. OF
MILES

MILEAGE

PER DIEM

MISCELLANEOUS

TOTALS

DATE 5/17/12

7:00am

Depart Ruidoso to Santa Fe to meet with Secretary and
OFM staff.
Overnight-Santa Fe rates apply*
Depart Santa Fe to Ruidoso
partial day per diem-12 hrs

ENTER START
AND FINISH

NO. OF
MILES

MILEAGE

PER DIEM

MISCELLANEOUS

TOTALS

5/18/12

7:00pm

Depart Ruidoso to Santa Fe to meet with Secretary and
OFM staff.
Overnight-Santa Fe rates apply*
Depart Santa Fe to Ruidoso
partial day per diem-12 hrs

ENTER START
AND FINISH

NO. OF
MILES

MILEAGE

PER DIEM

MISCELLANEOUS

TOTALS

PER DIEM IS BASED ON (CHECK ONE)

ACTUAL ☐

APPROVED RATES ☒

I certify that any payment sought on this voucher does not include
reimbursement for alcoholic beverages; I further certify that no further
payment will be sought for the travel/training covered by this voucher.

Employee Signature

Date

TOTALS

165.00

165.00

Advance Amount
@ 80%

165.00

165.00

Adjusted
Reimbursement

165.00

165.00

☒ Check here if this claim is in compliance with the Nonroutine Reassignment provisions
of the DFA Regulations Governing the PerDiem and Mileage Act.

I, Richard Adams

do solemnly swear that the above claim for reimbursement is just and true in all respects and complies with the
DFA Regulations Governing the PerDiem and Mileage Act.

PAYEE SIGN HERE X

Richard Adams 5/17/12

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(1) DFA COPY

(2) ACCOUNTING COPY

(3) VENDOR REIMBURSEMENT

(4) ORIGINATOR COPY

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	OFM, CMO
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #:	GS 1984
	Year:	2011	Make:	Nissan	Model:	Altima

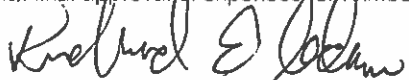
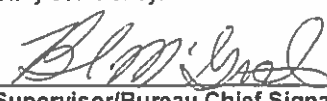

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.				
	Course Name:	Meeting with Cabinet Secretary in Santa Fe.			
	<input checked="" type="checkbox"/> Check if training is required		<input type="checkbox"/> Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	05/15/12	Destination:	Santa Fe		
	Departure Date: (month/day/yr)	05/17/12	Time:	07:00 AM	Return Date: (month/day/yr)	5/18/12 Time: 07:00 PM
	<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:					

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only:	1 @ \$135/day	\$ 135.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 165.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 165.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

<div style="text-align: center;">  <u>Richard E. Adams</u> Employee Signature </div>	<div style="text-align: center;"> <u>5/19/12</u> Date </div>	<div style="text-align: center;">  <u>Blaine G. Smith</u> Supervisor/Bureau Chief Signature </div>	<div style="text-align: center;"> <u>5/23/12</u> Date </div>
<div style="text-align: center;"> _____ Division Director/Hospital Administrator (As per specific division requirements) </div>	<div style="text-align: center;"> _____ Date </div>	<div style="text-align: center;">  <u>Blaine G. Smith</u> Cabinet Secretary Signature (To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.) </div>	<div style="text-align: center;"> <u>5/23/12</u> Date </div>